



Office Use Only Client Reference No:

Self-Referral Form

Which MOVE Group are you referring yourself to _____

1. CLIENT DETAILS

Name	
Date of Birth	
Address	
Telephone Numbers	
Email Address	
Ethnicity	

2. Do you have any of the following needs/issues?

<i>Please Indicate which of the following apply</i>	Please Tick
Dyslexia/ Literacy Difficulties	
Mental Health Difficulties	
Drug/Alcohol Issues	
If any of the above needs/issues are identified, please provide additional details.	

STATUS OF PARTNER RELATIONSHIP: *Please tick the status of the current partner/ex-partner relationship.*

MARRIED.....COHABITING..... DIVORCED.....SEPERATED.....OTHER....

5. Reasons for referral

a) Why are you referring yourself to MOVE? <i>i.e. History of domestic abuse, Causes of concern</i>
b) Description of abuse to partner <i>i.e. Type, level and frequency of domestic abuse</i>
c) To what extent do you acknowledge this use of abuse in your relationship?
d) What do you hope to achieve by attending the MOVE programme?

I confirm the information above and agree that it can be conveyed to MOVE.

Signed: _____ Date: _____ (Prospective group participant)

Completed referral should be posted or emailed to:

<p>MOVE Dublin Swords, Dublin City and Tallaght, MOVE Meath</p> <p>Dublin Coordinator MOVE Ireland Carmichael House, Brunswick Street, Dublin 7 Email: avril@moveireland.ie</p> <p>Ph No: 0864149591</p>	<p>MOVE Cork</p> <p>John Russell Cork Coordinator MOVE Ireland C/O Probation Service St Nicholas Church Cove Street, Cork Email: johnrussell@moveireland.ie</p> <p>Ph No:0656044047</p>
<p>MOVE Sligo, Midlands, Galway</p> <p>Mid-West Coordinator MOVE Ireland Unit 2 First Floor, Clare Business Centre, Clare Rd Ennis Co. Clare Email: marie.mclaughlin@moveireland.ie</p> <p>Ph No. 0858748108</p>	<p>MOVE Limerick/ Clare, North Tipperary and Kerry</p> <p>South-West Coordinator MOVE Ireland, Unit 2 First Floor, Clare Business Centre, Clare Rd Ennis Co. Clare Email: maura@moveireland.ie</p> <p>Ph No:0864149613</p>